

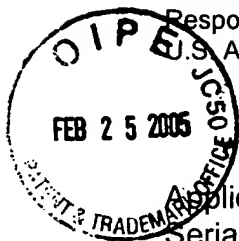
02.28.05

41. 3629

Attorney Docket No. 1467.006

Response to Office Action of December 07, 2004

U.S. Application No. 09/610,128

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant : Bruce Kerievsky, *Pro Se* Applicant
Serial No. : 09/610,128
For : AN INTERACTIVE TALKING ELECTRONIC
COOKBOOK
Filed : July 5, 2000
Examiner : Ouellette, Jonathon P.
Art Unit : 3629
Confirmation No. : 4622

Bruce S. Kerievsky
7 Arrandale Avenue
Great Neck, NY 11024

I hereby certify that this correspondence is being deposited with
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ED 758952344 US

in an envelope addressed to: Mail Stop Amendment
Commissioner for Patents, P.O. Box 1450, Alexandria, VA
22313-1450, on

Bruce S. Kerievsky, *pro se* Applicant

Name of Applicant, Assignee or Registered Representative

Bruce S. Kerievsky
Signature

2/25/2005
Date of Signature

RECEIVED

MAR 07 2005

GROUP 3600**AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION**

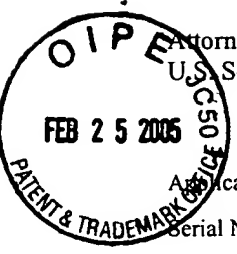
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated December 07, 2004, please amend
this application as follows.

Amendments to claims begin on page 3 of this paper.

Remarks/Arguments begin on page 9 of this paper.



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U.S. Serial No. 09/610,128

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GROUP 3600

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Great Neck, NY 11024

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	22	Minus	** =23	* x	\$50 (25)	= \$
Independent claims	2	Minus	*** =3	* x	\$200 (100)	= \$
Total additional fee for this amendment						\$

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$360(180) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$_____ is attached, which covers the cost of ☐ additional claims _____ petition for extension of time.

Respectfully submitted,

By: Bruce S. Kerievsky
Bruce S. Kerievsky
Pro Se Applicant